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Narrative Therapy for Children with Cancer

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ABSTRACT

Storytelling is used as a therapeutic tool in psychotherapy and psychological well-being. This method, called narrative therapy, utilizes stories, narratives, and written texts as an indirect means of conveying emotions, experiences, and concepts to the audience. The present study aims to implement narrative therapy to improve neurotic disorders and to compare the effects of hope, joy, and anxiety reduction on mitigating neurotic behaviors in children with cancer. This study follows a quasi-experimental pre-test and post-test design with a control group and an intervention group. The sample size was determined through interviews with physicians, specialists, psychologists, and social health professionals. The statistical population consisted of children aged four to eight years diagnosed with cancer. The sample comprised children with cancer who participated in two months of narrative therapy, during which data were collected using three questionnaires and two therapy sessions. Data collection instruments included the Children's Hope Scale, the Spence Children's Anxiety Scale (SCAS), and a physician-administered questionnaire assessing the child's medical condition. Sampling was conducted in two stages of narrative therapy. Data obtained from the questionnaires were analyzed in SPSS 22, using repeated-measures ANOVA. The results indicated a direct and significant impact of narrative therapy on improving neurotic behavioral disorders in children, assessed through three key indicators—hope, anxiety, and emotional expression. According to the findings, children who participated in the therapy sessions regained lost hope and continued their treatment with a more optimistic outlook. Additionally, the overall treatment progress and responsiveness to therapeutic methods improved among the children.

Keywords: *Narrative therapy, Storytelling, Reading therapy, Children with illness, Neuroticism*

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In recent years, children's literature has opened new horizons, introducing diverse education, upbringing, and therapy models. As a significant element of children's literature, storytelling has been widely utilized in literary models. Due to their underdeveloped resilience and emotional stability, children are more susceptible to behavioral harm. Storytelling plays a crucial role in improving children's behavior and addressing behavioral disorders, including neuroticism. A story is a spoken or written narrative in which the author conveys thoughts and objectives through real or fictional events experienced by various characters, engaging the audience's curiosity to follow the sequence of events and their outcomes (Abbott, 2008; Herman et al., 2012). Stories have long served as a foundation for human knowledge, offering both education and enjoyment to their audience. Consequently, stories and poems are among the most practical resources in therapeutic models.

Cancer is on the rise worldwide, bringing significant economic, social, and psychological challenges. Cancer patients often experience various social and behavioral difficulties, some of which have no prior manifestation in their personality or behavior. Patients' emotional responses, whether deliberate or unconscious, are influenced by a variety of factors. Feelings such as sadness, anxiety, fear of death, anger, and stress contribute to behavioral changes and emotional distress in patients (Shafi Abadi & Naseri, 2011; Stanton & Revenson, 2016). Children are particularly vulnerable to such emotional distress due to their lower emotional resilience and physical fragility (Barrett & Morgan, 2018; Kain et al., 1996).

Cancer affects many children, and its treatment leaves lasting psychological and behavioral consequences. These children often become withdrawn and hopeless, experiencing excessive, sometimes inexplicable, anxiety and fear. Such behavioral disturbances impact all aspects of their lives. During illness, they endure persistent anxiety and fear stemming from concerns about death, pain, and separation from their familiar environment. These psychological effects can persist for years, sometimes for a lifetime. One of the most effective and widely recognized therapeutic approaches is narrative therapy. When children are exposed to storytelling, they are transported to another world, making storytelling an effective means of sustaining their motivation and hope. Narrative therapy leverages the power of reading and storytelling to support the emotional and psychological well-being of children undergoing treatment (Doostdar et al., 2024; Tsai et al., 2016).

This approach helps children engage with books, stories, and creative activities, equipping them with the knowledge and skills necessary to cope with their illness while fostering their creativity. Moreover, narrative therapy is particularly beneficial for children with cancer, as it enhances their understanding of their illness and treatment, providing innovative ways to cope with loneliness and emotional distress. Through storytelling and creative expression, children are encouraged to learn from their experiences, articulate and manage their emotions, and navigate the difficult phases of treatment. Additionally, it enables them to confront both positive and negative experiences while strengthening their coping mechanisms by relating to the characters in the stories. Given its significance, psychologists and medical professionals have increasingly focused on the behavioral changes of sick children in recent years, leading to extensive research in this field (Prater & Dyches, 2008).

Literature Review

Shokouhi-Moqhaddam et al. (2013) examined the relationship between narrative therapy and the behavioral and social challenges of children with diabetes. Their findings indicated that children undergoing narrative therapy demonstrated higher adaptability and stronger social interactions. Similarly, Pehrsson and McMillen (2007) investigated the effect of storytelling on children with behavioral difficulties. The results showed that children who attended storytelling sessions exhibited greater adaptability and improved interactions with their environment compared to before the intervention.

Wilson (2008) investigated various types of children's stories and their psychological impact. The findings revealed that stories containing themes of violence and fear could significantly influence children's behavior and emotional responses. Thus, selecting appropriate narratives with meaningful content is crucial in therapeutic applications. In another study, Gonçalves et al. (2009) explored the effect of narrative therapy on symptoms of depression and dysthymia in elementary school children. Their research highlighted the profound impact of stories and narratives in alleviating symptoms of depression and anxiety in children, demonstrating their therapeutic potential.

One of the major contributors to depression in children with cancer is the distressing nature of their treatment. Childhood experiences play a pivotal role in shaping an individual's psychological and behavioral development (Kazak et al., 1997). Cancer treatment, in particular chemotherapy and its side effects—such as hair loss—can provoke fear, anger, shame, and confusion in children. Witnessing terminally ill peers or interacting with individuals in advanced stages of illness can further contribute to depressive symptoms. Children suffering from anxiety and psychological disorders often exhibit signs of depression, defiance, and neuroticism. Stories, whether read or heard, have a profound impact on children's thoughts and emotions, aiding them in understanding and resolving their challenges more effectively (Hsu, 2008). In essence, storytelling—through its narratives, characters, settings, and resolutions—serves as a powerful tool, providing both therapeutic and educational benefits for sick children (AlaeiFard et al., 2021; Isbell, 2004).

Children's literature encompasses a wide range of written and illustrated works specifically crafted for young audiences, typically under age 15, with themes, language, and content tailored to their cognitive and emotional development (Short et al., 2017). It includes all literary texts that have been read by children throughout history, spanning all continents and holding equal significance alongside other recognized literary genres. Children's literature consists of various prosaic and poetic works that possess literary and artistic value and are specifically intended for young readers (Goga et al., 2018).

Before the Industrial Revolution, children's literature remained largely stagnant. However, after this period, it evolved significantly under the influence of social, technological, and industrial transformations. This shift, beginning in the 19th century and continuing into the present, was marked by advancements in printing technology, which led to the emergence of colorful, illustrated books that played a crucial role in shaping children's literature. Additionally, the themes and narratives became more diverse and expansive (Butler & O'Neill, 2014).

There are significant differences between children's literature and other literary genres. The primary distinction lies in the themes and content, which are tailored to align with children's emotions, curiosity, and experiences. Another major difference is the thematic scope; while adult literature primarily consists of novels, short stories, plays, biographies, and essays, children's literature extends beyond these to include works that promote knowledge, creativity, and skill development, often incorporating artistic elements. A particularly notable difference is the use of illustrations. Illustrations serve as a powerful tool for conveying emotions, characteristics, and themes from the text, enhancing children's comprehension and engagement (Kümmerling-Meibauer et al., 2015).

Stories are narratives that have the power to captivate readers for hours, immersing them in an imaginative world away from reality (Nikolajeva, 2014). By creating a deep connection between the real and imaginary worlds, storybooks are particularly appealing and exciting for children, providing both entertainment and enjoyment (Sipe & Pantaleo, 2014). Stories typically feature characters, events, settings, and themes that can be conveyed in various forms, including novels, short stories, fables, poetry, films, and more. While their primary purpose is often to entertain and engage readers or listeners, they can also impart moral and educational values (Zipes, 2021).

Extensive studies in this field suggest that the most significant factor in storytelling is fostering understanding and building strong interpersonal connections. Understanding refers to a sense of acceptance and harmony between two or more individuals. Strengthening this bond is one of the best ways to enhance communication between parents and children. The right story can often provide children with a sense of reassurance and emotional security. Additionally, entertaining and soothing stories, particularly those with meaningful objectives, can serve as enjoyable recreational tools, especially in times of need (Isbell & Sobol, 2020).

According to the World Health Organization (WHO), cancer is a generic term for a large group of diseases that can affect any part of the body. One of the key characteristics of cancer is the rapid proliferation of abnormal cells that grow beyond their normal boundaries. These clusters of cells, once significantly developed, can easily invade nearby tissues and spread to other organs, causing extensive damage (WHO, 2022).

Narrative therapy holds significant value in treating children suffering from severe illnesses, including cancer. The selection of appropriate books for use in therapy sessions requires the expertise of experienced psychoanalysts and psychologists. Previous research has demonstrated that remarkable results can be achieved with the right choice of books, proper storytelling techniques, and adherence to key therapeutic storytelling principles. Given that storytelling is one of the simplest, most cost-effective, and simultaneously impactful educational and expressive techniques available to families and educators, it is considered an exceptionally effective and practical approach to addressing children's emotional and psychological challenges.

Method

This study is a quasi-experimental research using a pre-test and post-test design. In this design, participants are randomly selected and assigned to a control and an intervention group. Before implementing the intervention, the participants in both groups undergo a pre-test, which serves to

apply statistical control, enable comparisons, and ultimately assess the extent of changes resulting from the intervention (Creswell & Creswell, 2018). The population consisted of children diagnosed with cancer. Over two months, the researcher conducted sampling using three questionnaires and two stages of narrative therapy. The data collection tools used in this research include:

- Children's Hope Scale
- Spence Children's Anxiety Scale (SCAS)
- Children's Illness Severity Questionnaire (physician-administered)

Children's Hope Scale

This is a 6-item self-report questionnaire designed to assess children's dispositional hope. The questionnaire is based on Snyder's Hope Theory (Snyder et al., 1991), which conceptualizes hope as a cognitive process involving goal-directed thinking, agency (motivation to achieve goals), and pathways (strategies to achieve goals). Each item is rated on a Likert scale, allowing researchers and practitioners to measure individual differences in children's hopeful thinking. The scale has been widely used in psychological research and has demonstrated reliability and validity in assessing hope among children. Understanding children's levels of hope can help psychologists, educators, and parents support their emotional and cognitive development, potentially guiding interventions aimed at fostering resilience and well-being.

Spence Children's Anxiety Scale (SCAS)

The SCAS is one of the most widely used psychometric tools for assessing anxiety levels in children. Developed by Spence and colleagues, this scale is based on an early diagnostic model of anxiety and aims to evaluate various types of childhood anxiety. The SCAS consists of 38 items designed to measure different aspects of anxiety, including:

- Separation anxiety
- Social phobia
- Obsessive-compulsive problems
- Panic/agoraphobia
- Generalized anxiety/overanxious symptoms
- Fears of physical injury

The SCAS is designed for children aged 8 to 15. In this test, children self-report their anxiety levels using a 4-point Likert scale (Never = 0; Sometimes = 1; Often = 2; and Always = 3). The overall score ranges from 0 to 114, with higher scores indicating a greater level of anxiety.

In addition to its use in scientific research, the SCAS is also employed as a diagnostic tool for identifying anxiety disorders in children. It serves as a valuable instrument for evaluating the effectiveness of anxiety treatments and identifying factors contributing to childhood anxiety. As one of the most effective tools in anxiety-related research, the SCAS helps researchers, psychologists, and psychiatrists assess anxiety levels in children and, when necessary, provide appropriate therapeutic interventions.

Children's Illness Severity Questionnaire (Physician-Administered)

This questionnaire is used by physicians and researchers to assess the severity of illness and its impact on children. It consists of standardized questions and criteria designed to evaluate the extent of a child's illness and its consequences. By using this questionnaire, physicians can better analyze and predict the complications associated with the illness, allowing them to develop appropriate treatment strategies.

The items may cover aspects such as pain intensity, clinical symptoms, daily functioning, nutrition, and psychological well-being. Responses are typically provided on a Likert scale or numerical rating systems. Physicians generally facilitate the completion of the questionnaire by either the child or their parents and then analyze the collected data. The results can be compared with similar data from broader populations, allowing for a more accurate assessment of the child's health condition.

The Children's Illness Severity Questionnaire enables physicians to monitor recovery progress, track health changes, and determine appropriate treatments. Researchers also benefit from this tool by collecting reliable and analyzable data on childhood illnesses and examining relationships between various influencing factors.

Sample

For this study, the sample size was determined through interviews with physicians, specialists, psychologists, and social health experts. The designed questionnaires and research conclusions were subsequently reviewed and validated by these experts. With a 95% confidence level and 80% study power, while accounting for a 20% dropout rate in later stages, the final sample included 30 children in the narrative therapy group and 30 children in the control group.

Data Analysis

Data analysis was performed in SPSS 22. Repeated measures ANOVA was applied to measure changes over time.

Selection of Storybooks for Therapy Sessions

After a careful review of prior research and a deep dive into children's literature, the factors influencing behavioral disorder reduction were identified, and an attempt was made to match these factors with characters and resolutions in children's storybooks. The selection criteria included the ability to recognize and express emotions, enhancing hope for treatment and life, increasing joy and vitality, and overcoming anxiety and fear.

The final selection of books for storytelling therapy sessions included (1) "Me and My Feelings" by Vanessa Green Allen; (2) "What Color Is Your Day?" by Camryn Wells; (3) "When I'm Feeling Happy" by Trace Moroney; (4) "When the Wind Blew" by Margaret Wise Brown; and (5) "Jack's Worry" by Sam Zuppardi. The selected storybooks contained moral and behavioral teachings that offer valuable messages through character development and storytelling, helping children strengthen their sense of joy, hope, and emotional regulation.

This study has three primary aspects: assessing hope levels, measuring anxiety, and evaluating emotional expression. With their strong imagination and creative minds, children could visualize themselves as the story's protagonist, making the storytelling sessions impactful in their

treatment and emotional well-being. Several factors influenced the selection of books for therapy, including writing style, story characters, book theme and message, story structure, and symbols and illustrations.

To maximize the effectiveness of narrative therapy, visual aids, and interactive tools were incorporated, such as story character standees, puppets and finger puppets, themed storytelling rooms in hospitals, and masks and costumes representing story characters. These elements helped children engage more deeply with the stories and facilitated a more immersive therapeutic experience. Special efforts were made to design separate storytelling rooms within hospitals, where illustrations and props such as standees and masks were used to enhance children's connection with the stories. Table 1 presents the key storytelling elements and their impact, while Table 2 provides an analysis of research variables measured during storytelling therapy sessions.

Table 1

Key Elements in an Effective Storytelling Model

No.	Criterion	Description
1	Writing Style	Each author has a unique writing style. Sentence structure, narrative style, and adherence to literary elements suitable for children are key aspects of the text.
2	Characters	The actions and relationships of characters play a significant role in the story's impact.
3	Theme	The main theme of the story directs the listener's thoughts. A deeper understanding of the text is achieved through its theme.
4	Story Structure	A structure that aligns with children's comprehension—including sentence formation, event settings, and the sequence of events—enhances the story's impact.
5	Symbols & Images	Symbols and illustrations in books, or those created by the storyteller, greatly influence the depth of understanding.

Table 2

Measurement of Research Variables in Storytelling Therapy Sessions

Session	Pre-Storytelling Activity	Session Objectives	Books Read	Duration
1	Introduction and familiarization (the therapist and the child get to know each other)	Establishing proper communication with the child	*Me and My Feelings*	45 min
2	The therapist presents facial expression cards based on emotions identified in the previous session	Understanding emotions and their causes	*When the Wind Blew*	45 min
3	A musical performance accompanying the story	Helping children face emotions that trigger oppositional behavior in others	*What Color Is Your Day?*	45 min
4	The therapist draws images from the story on balloons to enhance engagement	Learning new coping methods, understanding the four-step problem-solving process (pausing and identifying the problem, thinking of solutions, selecting and evaluating a solution)	*Jack and His Big Worries*	45 min

Session	Pre-Storytelling Activity	Session Objectives	Books Read	Duration
5	Discussion on fears and anxieties to identify sources of fear in children	Understanding the negative effects of maladaptive behaviors like stubbornness, exploring alternative solutions	*When I'm Feeling Happy*	45 min
6	Narrating joyful stories to foster vitality in children	Teaching children how to manage and express emotions	*Me and My Feelings*	45 min
7	Discussion and storytelling to identify anxiety triggers	Teaching children strategies to control anxiety	*Jack's Worry*	45 min
8	Creating a cheerful atmosphere with music to boost children's vitality	Providing strategies for anger management	*When the Wind Blew*	45 min
9	Encouraging children to participate in a play to reinforce emotional regulation skills	Teaching the concepts of kindness and happiness	*What Color Is Your Day?*	45 min
10	Q&A session to assess children's levels of fear and happiness	Providing strategies to help children move past distressing experiences	*When I'm Feeling Happy*	45 min

Results

This study examines the effects of narrative therapy sessions on children aged 4 to 8 with cancer. The key impact indicators in this study include hope, anxiety, and emotional expression. Findings indicate that narrative therapy sessions can have a positive impact on increasing hope for life, reducing anxiety and fear, and improving emotional expression in children. Additionally, these sessions may enhance the effectiveness of medical treatments and children's physical recovery.

At the beginning of the study, a physician evaluated the physical condition of children in both the control and experimental groups. The children in the experimental group participated in 15 narrative therapy sessions to compare the therapeutic outcomes between children who attended the sessions and those who did not. After completing the sessions, both groups underwent another evaluation, and their psychological and physical conditions were assessed.

No significant changes were observed in the control group, and these children continued their regular medical and psychological treatments with their doctors. However, as shown in Table 3, narrative therapy positively influenced children's hope and motivation, though it did not significantly reduce their anxiety. The results also indicate a statistically significant difference in anxiety levels between the control and experimental groups. However, anxiety and fear levels remained unchanged in children who participated in the therapy. Moreover, the experimental group showed significant improvements in emotional expression, whereas no such improvements were noted in the control group. Children in the experimental group also demonstrated enhanced physical well-being and medical responsiveness, as documented through physician-administered questionnaires. The ANOVA test indicated that variance in the control group was significant, meaning no substantial changes occurred in their medical condition before and after therapy (Table 3).

Thus, the study concludes that narrative therapy has a significant positive impact on children's physical health. Additionally, children who attended the sessions showed remarkable improvement in their ability to cope with and respond to medical treatments. The results of the ANOVA test confirm a significant difference in children's physical condition before and after narrative therapy, reinforcing that these sessions can help children adapt better to their medical treatments and achieve better therapeutic outcomes.

Table 3

Descriptive Statistics of the Variables

Variable	Group	ANOVA	*SS*	*Df*	*MS*	*F*	*p*
Hope	Control	Between Groups	15.65	3	0.47	2.57	0.319
		Within Groups	46.25	124	0.26		
		Total	61.90	127	-		
	Experimental	Between Groups	36.28	3	2.34	4.67	0.004
		Within Groups	64.18	124	0.86		
		Total	10.47	127	-		
Anxiety	Control	Between Groups	17.21	3	0.37	2.58	0.573
		Within Groups	56.10	113	0.48		
		Total	73.32	116	-		
	Experimental	Between Groups	42.54	3	3.63	5.24	0.000
		Within Groups	73.55	113	0.96		
		Total	116.09	116	-		
Emotional Expression	Control	Between Groups	16.75	3	0.56	2.72	0.637
		Within Groups	49.73	141	0.35		
		Total	66.49	144	-		
	Experimental	Between Groups	52.88	3	3.18	3.88	0.002
		Within Groups	76.42	141	0.63		
		Total	129.30	144	-		
Physical Condition	Control	Between Groups	18.36	3	0.62	1.58	0.024
		Within Groups	58.66	115	0.51		
		Total	77.02	118	-		
	Experimental	Between Groups	72.51	3	1.73	2.63	0.000
		Within Groups	86.15	115	0.97		
		Total	158.67	118	-		

Initially, the physical condition of children in both the control and experimental groups was assessed under the supervision of their treating physicians. The children in the experimental group participated in 15 storytelling sessions to compare the outcomes between children who attended the therapy sessions and those who did not. After completing all therapy sessions, both groups were re-evaluated to determine the psychological and physical changes in children and whether any improvements observed in the experimental group were also present in the control group.

The results for the variable of hope indicated no significant changes in hope among the children in the control group (p = .31). These children continued their treatment under the care of their physicians as before. They were identified by their treating doctors as experiencing neuroticism and anxiety due to their illness. In contrast, the results for the experimental group

demonstrated a statistically significant increase in hope among children who participated in the storytelling sessions (p = .004). The hope levels of these children were measured before and after therapy sessions, revealing a marked improvement.

Regarding the variable of anxiety, the results indicated no significant difference in anxiety levels before and after the therapy period in the control group (p = .57), suggesting that the anxiety and fear levels of these children remained unchanged. For the experimental group, the results showed a statistically significant difference in anxiety levels between the pre- and post-therapy assessments (p = .000). Children in the experimental group experienced a reduction in anxiety, fear, and stress during the storytelling sessions, demonstrating its positive impact on alleviating anxiety in children with cancer.

Similarly, emotional expression was measured in both groups before and after the storytelling sessions using the same standardized questionnaire. The results showed no significant difference in emotional expression levels over the study period in the control group (p = .637). In other words, these children did not exhibit any improvement in their ability to express emotions. For the experimental group, the results indicated a statistically significant increase in emotional expression after the intervention (p = .002).

Finally, the physical condition and medical responsiveness of children were assessed through a questionnaire completed by their treating physicians. The findings showed no significant difference in the physical condition of children in the control group before and after the storytelling therapy sessions (p = .024), suggesting that their physical condition remained unchanged over the two-month study period. For the experimental group, the results demonstrated that storytelling positively influenced the physical health of children (p = .000), improving their ability to cope with treatment and yielding more effective outcomes. Children who attended the therapy sessions adapted more easily to their treatment and achieved better medical outcomes.

Discussion and Conclusion

Narrative therapy has long been recognized by researchers and psychologists as an effective method for managing and reducing anxiety, fear, and hopelessness while improving the overall treatment experience of patients. This study aimed to examine the impact of narrative therapy sessions on children aged 4 to 8 suffering from cancer. Several key factors influencing distress in these children were identified, including hope, anxiety, and emotional expression. The levels of these variables were measured before and after the storytelling sessions to evaluate their effectiveness. By comparing changes in hope, anxiety, fear, and emotional expression in children with cancer, it is possible to enhance the effects of medical treatments and improve their physical well-being (e.g., Dai et al., 2024; Ma et al., 2024).

The findings of this study align with prior research, emphasizing the significant role of narrative therapy in enhancing treatment outcomes, reducing anxiety, and fostering hope and happiness in children with cancer. According to the results, children who participated in the therapy sessions regained their lost sense of hope and were more motivated to continue their treatment. The narrative-based interventions (including narrative therapy) significantly elevate hope, reduce distress, and support emotional recovery in pediatric cancer patients. Narrative

therapy helps children restore motivation and happiness throughout treatment and could be included in the healthcare educations and treatment programs.

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No, there are no conflicting interests.

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